STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

APR 2 0 2017

I. Name of Lobbyist(s)	RUARTI (DORMan	NEW HAMPSHIRE
II. Name of lobbyist's partnership, firm or corporation, if any:			
(Name of partners	hip, firm or corporation)		
Business Address: (Street)	(Town/City	y) (State)	(Zip Code)
()(Telephone)	()	e-mail	
III. This statement covers: (Chooreportable expense transactions			ou may file a separate report for
☐ All reportable transactions occ	urring in the months prio	r to the reporting date relative	e to the following client:
HMCR ICAN	of Client as it appears on the	te Lobbyis Registration Form)	
OR ☐ All reportable transactions by the unrelated to any particular client.	he lobbyist (including the	e lobbyist's family), or the lob	obying firm listed below which are
IV. Date of Report April 26, Reports cover: activity from date	2017 Don't of 1/17	July 26, 2017 activity from 4/1/17 to 6.	
	25, 2017	January 31, 201 <i>activity from 10/1/17 to</i>	
V. There have been no fees re If this box is checked, complete just Concord, NH 03301.			
VI. Check if additional reports a		ACLAIL A A Form	
☐ If you have received fees or m☐ If you have paid an honorarium Expense Reimbursement	•		•
•	lly has made political cor	ntributions, you must file Add	lendum C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, R and complete to the best of my known (Signature of lobbyist)	SA 14-C and RSA 664 at	nd hereby swear or affirm tha	t the foregoing information is true (Date)
(Print Name of lobbyist)	. Gaman		